

Video Presentation  
August 27, 2018

**Health & Cardiac Surgery 2018**



International Conference on

Joint Event

**Healthcare and Health Management**  
&  
**Cardiology and Cardiac Surgery**

August 27-28, 2018 | London, UK

# Healthcare and Health Management & Cardiology and Cardiac Surgery

August 27-28, 2018 | London, UK

## The Apollo 15 Space Syndrome and Neil Armstrong Syndrome

**William J Rowe**

University of Cincinnati, USA

**H**ypertension of 12 moon walkers, James Irwin on day after return from Apollo 15 mission, showed extraordinary bicycle (B) stress test (ST) hypertension (275/125) after 3 minutes exercise; supervising >5000 maximum treadmill ST, author never witnessed ST- blood pressure approaching this level. Symptom-limited maximum B stress test showed "cyanotic fingernails"; possibly venous blood trapped peripherally, supporting author's "Apollo 15 Space Syndrome," postulating that severe fingertip pain during space walks, triggered by plasma fluid, trapped distally; mechanism could be related to endothelial dysfunction, providing "silent ischemia" warning. Neil Armstrong returned to Earth with severe diastolic hypertension (160/135), consistent with ischemic left ventricular dysfunction; 50 mm increase in comparison with resting BP 110/85. With inhalation of lunar dust, brought into habitat on space suit, with high lunar iron (I) this dust inhalation, along with reduced (R) space flight-transferrin, R antioxidant, calcium (Ca) blocker - magnesium, conducive to severe oxidative stress, Ca overload with potential

endothelial injuries. Using moon walker studies as example, my recent editorials show that I dust, released from brakes, with over 90% of brakes made of I, is a major hypertension factor and may also contribute to myocardial infarctions.

### Speaker Biography

William J Rowe is a board certified specialist in Internal Medicine. He received his Masters Degree at the University of Cincinnati and was in private practice in Toledo, Ohio for 34 years. During that time he supervised over 5000 symptom - limited maximum hospital-based treadmill stress tests. He is a former Assistant Clinical Professor of Medicine at the University of Ohio, School of Medicine at Toledo. He studied 3 world class extraordinary endurance athletes and published their exercise-related magnesium deficiencies. This triggered a 20 year pursuit of the cardiovascular complications of Space flight. He has published in LANCET that extraordinary, unremitting endurance exercise can injure a perfectly normal heart. Of only 4 space syndromes, he has published 2: "The Apollo 15 Space Syndrome" and "Neil Armstrong Syndrome." He published Neil Armstrong's probable lunar acute heart failure; indeed, he was the first to show that adrenaline levels are elevated in Space. He is the first to publish that airborne IRON dust released from brakes is conducive to hypertension. He has been listed in the Marquis Who's Who of the World from 2002-2009, 2013, 2014, 2015, 2016, 2017, and 2018.

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## Chronic pesticides environmental contacts can lead to human's multi system impairment

Shiva Samsamshariat

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One of the most harmful chemicals in our environment today is pesticides, they go by a variety of names like insecticides, herbicides, fungicides and bactericides and are found in almost every public place and often in our houses. Most people are not even aware that they are exposed to these toxic substances. Pesticides are harmful and cause powerful disruptions in many organs of our body that are mentioned in this letter.

**Reproductive System:** They may disrupt the hormonal function of reproductive system and ovarian cycle, which may lead to negative effects on this system(1), infertility and abortion during pregnancy.

**Fetus, Infants and Growing Baby,** pesticides have some risks during pregnancy depending on pesticide and the time mother and the baby are exposed. Since fetus and baby's nervous system and organs are developing rapidly, they are more sensitive to the toxic effects of pesticides(2). Some pesticides have shown up in analyses of infant's cord blood, proving that such toxins are indeed transferred into the baby's body and can cause many problems like congenital heart diseases, musculoskeletal defects, neural tube defects, hypospadias, cryptorchidism and endocrine disruption (2), and also cause various degrees of physical and mental developmental delays in growing baby(3).

**Nervous System:** The chief target organ of pesticides is the brain because they seek out lipids and the brain is highly lipid. Neurotransmitters in the brain that are responsible for numerous functions within the mind and body, when neurotransmitters are not functioning properly, a variety of conditions can develop. Examples are Alzheimer's, Parkinson's, degeneration of the retina, autism, clinical depression, anxiety disorders, hyperactivity, insomnia or disrupted sleep and attention deficit(4).

**Hematologic System:** There are some reports indicating that some pesticides can alter the complement function, subpopulation levels, cell proliferation, cytokine secretion, surface markers, chemotactic migration, phagocytosis, antigen presentation and apoptosis induction(5)

**Endocrine System:** Some pesticides have been shown to alter thyroid gland function and reduce circulating thyroid hormones

level(1) which can compromise the catalytic activity of hepatic cytochrome P450 monooxygenases, resulting in an altered hepatic androgen metabolism(6). Malfunctioning of adrenal glands leads to cortisol imbalance, excessive fatigue, sweating, inability to handle stress, unstable blood sugar and electrolyte and a variety of other debilitating symptoms(9). They can interrupt male sex hormone(7) and can lead to prostate cancer(8).

**Musculoskeletal System:** Muscle weakness, cramp, pain and loss of muscle control, impaired mobility, uncontrollable shaking and trembling (9). Recommendation:

- 1) It is important to understand that any chemical that is designed to kill a living creature or plant, will be harmful to all living things. We offer the use of non-toxic and healthy alternatives to kill weeds, bugs, bacteria and fungus while characterizing patterns of exposure to the pesticides among the licensed pesticide applicators before use.
- 2) It is necessary to take off shoes before entering home, because shoes pick up pesticides everywhere the person goes.
- 3) It is recommended to avoid places where they are sprayed and to ask people and offices to notify when they use pesticides or herbicides and make sure windows are closed during the time they are used and for a couple of weeks after.
- 4) It is beneficial to eat organic food and not to live in an agriculture area.
- 5) It is recommended to TV commercials to airplay teaching programs.

### Speaker Biography

Shiva Samsamshariat is emergency medicine specialist and works at unique toxicology hospital and center in Iran, Isfahan medical university, names Noor hospital. She looks that people and patients that have long time contact with pesticides have different complications like hormonal imbalance, recurrent abortion, refractory infertility, different cancers, musculoskeletal and neurologic disease, and none specific symptoms like chronic fatigue and exhaustion, weight loss, anorexia, sweating and emotion and psychological disorders like depressed mood, anxiety, depression and insomnia. Then she considered to inspect effect of pesticides on human organs, based on articles and valid references.

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## Similarities and differences in QOL before and after the 3-year laryngectomized patients

Eriko Sunaga<sup>1,2</sup>, Hiroko Tadaura<sup>2</sup>, Nana Kurakata<sup>1</sup>, Koki Miura<sup>1</sup>, Yuichiro Tada<sup>1</sup>, Tatsuo masubuchi<sup>1</sup>, Chihiro Fushimi<sup>1</sup>, Kumiko Yasuoka<sup>1</sup>,

Tomoko Komathuzaki<sup>1</sup> and Yukiko Kanno<sup>1</sup>

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**Introduction:** Many reports indicate that treatment evaluation of head and neck cancer therapy should include both survival rate after treatment and patient QOL. Recent studies have increasingly included reports of QOL in head and neck cancer patients. However, few studies have examined the QOL of laryngectomized patients in detail. In this study, comparison were conducted on similarity and differences in the 2 groups having different elapsed years after the operation.

**Methods:** Subjects completed EORTC QLQ-C30, EORTC QLQ-H&N35, and questionnaire surveys. Subjects were divided into groups with <3 or ≥3 years after laryngectomized patients.

**Results:** Sixty-two subjects (79.4%) completed the questionnaire. Thirty-one subjects (64.6 [range, 60.0-71.0] years) were in the <3 years after surgery group; the other 31 subjects, (68.9 [range, 65.0-71.0] years) were in another group over 3 years after surgery. Swallowing had a positive correlation with all items (hn5) (hn6) (hn7) (hn8) for patients in both groups. Sense problems had a strong positive correlation with all items for patients in both groups. Speech problems had a especially for patients in the <3 years after surgery groups. Trouble with social eating was positively

correlated with trouble eating (hn19), eating in front of family (hn20), and eating in front of others (hn21) in both groups. There was a strong correlation among these 3 items in the ≥3 years after surgery groups. Trouble with social contact had a strong correlation with trouble going out in public (hn27) in the <3 years after surgery group. Less sexuality was strongly correlated with all items (hn29, hn30) for both groups.


**Conclusion:** There was a correlation between sense problems and less sexuality for laryngectomized patients, regardless of postoperative years. Speech problems and Trouble with social contact showed correlations only for patients in the ≥3 years after surgery group.

**Ethics and Dissemination:** Ethical approval has been granted by Ethics Committees of the hospital and International University Health and Welfare(5-16-13).

### Speaker Biography

Eriko Sunaga is enrolled in the master course of International University of Health and Welfare graduate school of nursing Tokyo, Japan and is working as a nurse at the head and neck tumor center of Mita Hospital.

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# E-Poster

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## Association among COPD assessment test, Protein intake, and Subjective Diet-related quality of life scale scores in Patients with stable Chronic respiratory disease

Marie Saito<sup>1,2</sup>, Hiroko Tadaura<sup>2</sup>, Teruyuki Nakayama<sup>2</sup>, Yumi Kaneko<sup>3</sup> and Nozomi Yamazaki<sup>3</sup>

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**Aim:** This study aimed to clarify the associations among the scores on the chronic obstructive pulmonary disease (COPD) assessment test (CAT), protein intake, and Subjective Diet-related Quality of Life (SDQOL) scale in patients with stable chronic obstructive pulmonary disease.

**Methods:** Outpatients aged 30~90 years in the Department of Respiratory Medicine in a hospital, who were diagnosed with COPD at the first diagnosis, were retrospectively reviewed using the brief dietary history questionnaire (BDHQ); CAT, SDQOL scale, respiratory function test, and blood test were analyzed using SPSS Ver.25.

**Results:** From 10,513 patients diagnosed with COPD at the first diagnosis, 98 patients (COPD, ACO, BA) with stable chronic obstructive pulmonary disease, who consented to participate and were selected by exclusion criteria, were investigated. Comparison between two groups of CAT shows significant difference in disease name, mMRC, treatment for infections in the last month, body height, body weight, estimated energy

requirement, energy intake, carbohydrate, vitamin D, grains, and SDQOL using Mann-Whitney U test and  $\chi^2$ -square test. In the multiple logistic regression analysis (variable increase method), CAT and protein intake affected SDQOL (odds ratio [95% confidence interval], CAT: 1.089 [1.026-1.156]  $p = 0.005$ , protein: 0.977 [0.961- 0.994]  $p = 0.008$ ).


**Conclusion:** CAT, protein intake, and SDQOL were associated in patients with stable chronic respiratory disease. The disease-specific QOL evaluation scale, protein intake, and the SDQOL scale could be related in terms of their assessment of patients with stable chronic respiratory disease.

**Ethics and Dissemination:** Ethical approval has been granted by Ethics Committees of the hospital and International University Health and Welfare (Ref:16-Ig-92, Ref:28-271 (8514)).

### Speaker Biography

Marie Saito is enrolled in the doctoral course of International University of Health and Welfare graduate school of nursing, Japan and is working as a teacher of a Jikei nursing school.

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August 27-28, 2018 | London, UK

## Exploratory behavior studies in Rats treated with fruit extract of *Pyrus Communis* Linn

Shahlla Imam<sup>1</sup>, Najma Shaheen<sup>2</sup>, Humera Anser<sup>1</sup> and Wajiha Iffat<sup>3</sup><sup>1</sup>Jinnah Sindh Medical University, Pakistan<sup>2</sup>University of Karachi, Pakistan<sup>3</sup>Dow University of Health Sciences, Pakistan

**Context:** Fruits are an excellent source of many nutrients, such as minerals, fiber, vitamin and health-promoting phytochemicals, many of which are still being identified. *Pyrus communis* L. is a valuable fruit that has been widely used since prehistoric times. It is a wealth of many antioxidants that combat various degenerative diseases and provide a number of health benefits.

**Objective:** The present study was designed and conducted with the aim to evaluate the anxiolytic activity of *Pyrus communis* fruit extract using the animal model. **Methodology:** The hydro-alcoholic fruit extract of *Pyrus communis* was evaluated for their phytochemical constituents and the total content of flavonoid was determined by the aluminium chloride colorimetric method. Quercetin was used as a standard drug. The anxiolytic activity was evaluated using the open field test and forced swim test (FST).

**Result:** The result showed that fruit extract exhibits the positive anxiolytic effect in open field ( $p < 0.05$ ), and FST ( $p < 0.001$ ), when compared with escitalopram. The phytochemical analysis of *Pyrus communis* fruit extract revealed the presence of several bioactive compounds such as flavonoids, sugars, and phenolics.

**Conclusion:** The present finding suggests that *Pyrus communis* fruit extract has significant anxiolytic potential. However, further studies are needed to identify the active principles and their relationship to biological activities.

### Speaker Biography

Wajiha Iffat is presently working as assistant professor in Faculty of pharmacy and pharmaceutical sciences, Dow college of pharmacy, DUHS. She did her graduation (B.Pharm) and post-graduation degree in pharmacy from University of Karachi. She also holds D.H.M.S degree. She has obtained M.B.A. (marketing) from K.U.B.S, Karachi University in 2010. She has recently obtained her Ph.D. degree in Pharmaceutics, under the supervision of Prof. Dr. Harris Shoaib from department of Pharmaceutics, Faculty of Pharmacy and Pharmaceutical Sciences, University of Karachi. She started her professional career by working as production control inspector in Abbott Laboratories (Pak) Ltd. She has also worked as trainer in project "a well-managed GP clinic program" that was launched by IOBM in collaboration with Snofi Aventis. She started her academic career in 2006 as lecturer. She joined Dow college of Pharmacy in 2008. Apart from academic activities, she was actively engaged as quality management system coordinator where her main task was to improve the quality of education system. She has also served as lead auditor and auditor in DUHS. She has also served as focal person in execution of various co-curricular and extra-curricular activities. She has around 50 publications to her credit. Her main research interest includes formulation development and optimization, method development and validation, marketing and management, pharmaco-economics and pharmacy practice. She has attended and presented in seminars and symposiums organized by various academics institution.

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## Post-Exposure Prophylaxis (PEP) for management of occupational exposures to Bloodborne pathogens: a perspective of health care professionals in tertiary care setting

Wajiha Iffat<sup>1</sup>, Sadia Shakeel<sup>1</sup>, Saima Naeem<sup>1</sup>, Shagufta Nesar<sup>2</sup> and Hina Rehman<sup>3</sup>

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**Context:** Health care workers are prone to occupational injuries thereby exposing them to blood-borne pathogens. One of the important public health care concerns in developing countries is the prevalence of infections owing to the prevalence of blood-borne pathogens resulting from occupational injuries.

**Objective:** The present study was designed and conducted to analyze and evaluate knowledge of Post-exposure Prophylaxis (PEP) for the Management of Occupational Exposures to Bloodborne Pathogens.

**Methodology:** A cross-sectional study was conducted during January-July, 2018 in different health care settings. Health care workers in tertiary care settings were assessed for PEP by requesting them to fill and submit the survey form. All health care workers at risk were invited to participate.


**Results:** Most of the respondents were working in laboratories and around 60% of the respondents were aware of the factors contributing to PEP. Around 60% of the respondents were also aware of lab tests that should be carried out for the determination of exposed person susceptibility to a bloodborne pathogen infection.

**Conclusion:** The present study highlights the significance of appropriate training to prevent occupational exposures. Professionals should be educated about post-exposure prophylaxis and there should be clear instruction about PEP prevention.

### Speaker Biography

Wajiha Iffat is presently working as assistant professor in Faculty of Pharmacy and Pharmaceutical Sciences, Dow College of Pharmacy, DUHS. She did her graduation (B.Pharm) and post-graduation degree in pharmacy from University of Karachi. She also holds D.H.M.S degree. She has obtained M.B.A. (marketing) from K.U.B.S, Karachi University in 2010. She has recently obtained her Ph.D. degree in Pharmaceutics, under the supervision of Prof. Dr. Harris Shoaib from department of Pharmaceutics, Faculty of Pharmacy and Pharmaceutical Sciences, University of Karachi. She started her professional career by working as production control inspector in Abbott Laboratories (Pak) Ltd. She has also worked as trainer in project "a well-managed GP clinic program" that was launched by IOBM in collaboration with Snofi Aventis. She started her academic career in 2006 as lecturer. She joined Dow College of Pharmacy in 2008. Apart from academic activities, she was actively engaged as quality management system coordinator where her main task was to improve the quality of education system. She has also served as lead auditor and auditor in DUHS. She has also served as focal person in execution of various co-curricular and extra-curricular activities. She has around 50 publications to her credit. Her main research interest includes formulation development and optimization, method development and validation, marketing and management, pharmaco-economics and pharmacy practice. She has attended and presented in seminars and symposiums organized by various academic institutions.

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# Healthcare and Health Management & Cardiology and Cardiac Surgery

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## Off label prescribing practice in primary care physicians: A qualitative insight

Wajiha Iffat<sup>1</sup>, Sadia Shakeel<sup>1</sup>, Shagufta Nesar<sup>2</sup>, Hina Rehman<sup>3</sup> and Muhammad Faisal Khan<sup>1</sup>

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**Context:** Despite the pharmaceutical products prescribed for Food and Drug Administration–approved indications, off-label uses may have deficiency of rigorous scientific scrutiny. Regardless of concerns about patient care and health care expenditure, little is known about the frequency of off-label drug use or the degree of scientific evidence supporting this practice.

**Objectives:** The current study was conducted to observe the opinion and of label prescribing practices of physicians in Karachi, Pakistan .

**Methods:** A cross sectional study was conducted during Feb-July, 2018 in different health care setups. Health care workers were assessed for prescribing practice of off label prescribing in children by requesting them to fill and submit the survey form. Multivariate analyses were used to identify drug-specific characteristics predictive of increased off-label use.

**Results:** The current study revealed that physicians often used the practice of off label prescribing in children. Majority of physicians considered that off label prescribing is safe if used with strong scientific research.


**Conclusions:** Off-label medication use is common in patient

care, and most occurs without scientific support. Efforts should be made to scrutinize underevaluated off-label prescribing that compromises patient safety or represents wasteful medication use.

### Speaker Biography

Wajiha Iffat is presently working as assistant professor in Faculty of pharmacy and pharmaceutical sciences, Dow college of pharmacy, DUHS. She did her graduation (B.Pharm) and post-graduation degree in pharmacy from University of Karachi. She also holds D.H.M.S degree. She has obtained M.B.A. (marketing) from K.U.B.S, Karachi University in 2010. She has recently obtained her Ph.D. degree in Pharmaceutics, under the supervision of Prof. Harris Shoaib from department of Pharmaceutics, Faculty of Pharmacy and Pharmaceutical Sciences, University of Karachi. She started her professional career by working as production control inspector in Abbott Laboratories (Pak) Ltd. She has also worked as trainer in project “a well-managed GP clinic program” that was launched by IOBM in collaboration with Snofi Aventis. She started her academic career in 2006 as lecturer. She joined Dow college of Pharmacy in 2008. Apart from academic activities, she was actively engaged as quality management system coordinator where her main task was to improve the quality of education system. She has also served as lead auditor and auditor in DUHS. She has also served as focal person in execution of various co-curricular and extra-curricular activities. She has around 50 publications to her credit. Her main research interest includes formulation development and optimization, method development and validation, marketing and management, pharmaco-economics and pharmacy practice. She has attended and presented in seminars and symposiums organized by various academics institution.

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## Open and close cardiopulmonary bypass contours in coronary artery bypass grafting

**Damir Biktashev**  
Kazakhstan

**Objective:** The objective of this report was to study the direct results of cardiopulmonary bypass surgery in conditions of cardiopulmonary bypass in closed and open circuits.

**Material & Methods:** 2 cohorts of patients underwent coronary artery bypass grafting. Patients in group 1 (n = 50) – the closed CPB contour. Patients in group 2 (n = 50) - the open CPB contour. The total time of cardiopulmonary bypass was lower in the 1-st group than in the 2-nd group (58min±12,7 and 64min ±16,9; p = 0,04). Postoperative analysis of laboratory indicators has been divided into 2 stages.

**Results:** Studying laboratory analyses at the end of 6 hours after the operation. Closed contour of cardiopulmonary bypass (the 1st group) and with the open contour of cardiopulmonary bypass (the 2nd group). Studying laboratory analyses at the end of 16 hours after the operation. Closed contour of cardiopulmonary bypass (the 1st group) and with the open


contour of cardiopulmonary bypass (the 2nd group).

**Conclusion:** Use of the closed contour of cardiopulmonary bypass allows to execute a full revascularization of a myocardium. Direct results of the operations of coronary artery bypass grafting executed in the conditions of cardiopulmonary bypass in the closed contour have the following advantages: Decrease in a hemodilution that is connected with the reduced volume of primary filling of system of cardiopulmonary bypass. Decrease in the system inflammatory response, due to the reduction of surface area of a contour and use of the biocompatible superficially modified materials.

### Speaker Biography

Damir Biktashev is currently in the field cardiology and healthcare. He has attended several international scientific meetings and published his original research articles in several reputed journals.

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 Notes:

# Accepted Abstracts

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## The efficiency of inefficiency: Medicine distribution in Sudan

**Abdeen Mustafa Omer**

Ministry of Health, Sudan

The strategy of price liberalisation and privatisation had been implemented in Sudan over the last decade, and has had a positive result on government deficit. The investment law approved recently has good statements and rules on the above strategy in particular to pharmacy regulations. Under the pressure of the new privatisation policy, the government introduced radical changes in the pharmacy regulations. To improve the effectiveness of the public pharmacy, resources should be switched towards areas of need, reducing inequalities and promoting better health conditions. Medicines are financed either through cost sharing or full private. The role of the private services is significant. A review of reform of financing medicines in

Sudan is given in this study. Also, it highlights the current drug supply system in the public sector, which is currently responsibility of the Central Medical Supplies Public Corporation (CMS). In Sudan, the researchers did not identify any rigorous evaluations or quantitative studies about the impact of drug regulations on the quality of medicines and how to protect public health against counterfeit or low quality medicines, although it is practically possible. However, the regulations must be continually evaluated to ensure the public health is protected against by marketing high quality medicines rather than commercial interests, and the drug companies are held accountable for their conduct.

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August 27-28, 2018 | London, UK

## Impact of PAD Guideline on Masih Daneshvari Hospital ICU

Seyed Mohammadreza Hashemian<sup>1</sup>, Batoul Khoundabi and Ala Farhang

<sup>1</sup>Shahid Beheshti University of Medical Sciences, Iran

**Background:** The Pain, Agitation, Delirium (PAD) guideline has been reviewed and compiled by the American Chest Physicians College and American Respiratory Medicine Association. This guideline was translated into Persian by residents of the Intensive Care Unit (ICU) to implement that at Masih Daneshvari hospital.

**Aim:** The study attempts to investigate the effects of the implementation of this guideline on ICU and its impact on patients.


**Materials and Methods:** This study was done as a case-control study. The variables related to admission in the hospital and ICU and also the awakening and ventilator characteristics of patients, were compared between two groups before and after guideline implementation. 100 patients before the implementation of the guideline and 120 patients after the implementation of the guideline were included and the variables were evaluated and compared in these patients.

**Results:** The mean ages of patients in the pre-group and post-group were  $53.7 \pm 14.9$  and  $55.7 \pm 16.9$  years, respectively

( $P=0.894$ ). 70.0% of the participants in the pre-group and 69.2% in post-group, were men ( $P=0.930$ ). The median APACHE score was 24.8 in the pre-group and 20.4 post-group ( $P=0.863$ ). The average days spent in the ICU for the pre-group was 8.2 days, and for pre-group were 5.7 days ( $P=0.043$ ). The average length of stay in hospital was 20.3 days for the pre-group and 14.8 days for the post-group. 16% of the patients in the pre-group were treated with tracheostomy, while after PAD implementation in post-group, this rate was reduced to 10% ( $P=0.04$ ). 16% of the patients in the pre-group had awake days while receiving a sedative infusion, while that rate in post group was 80% ( $P=0.012$ ). 72 (72.0%) patients in the pre-group were CI sedative while 55(45.8%) patients in post-group were CI sedative ( $P=0.043$ ). Also percent of patients in the pre-group with was significantly less than patients in post-group ( $P=0.037$ ).

**Conclusions:** The implementation of the protocol has led to improved hospitalization, ICU, awakening and ventilator indicators.

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## Health digitization & the internet of things: Impact on Next Generation human health & well-being on a global scale

Joseph Tan

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The last few decades have been marked with rapidly changing demographics, major destabilization of global economies, ongoing environmental disasters and other unpredictable events, such as the Fukushima accident, global climate change impacts, ongoing terrorist activities and warfare. These events emphasize a need for healthcare that is more cost-effective, affordable, timely, and most importantly, able to effectively coordinate efforts among different nations, disciplines and organizations. Traditionally, health service providers and healthcare workers are often regarded as key guardians of the health and well-being of global citizens, yet a need for community-relevant, self-administered healthcare services is now overwhelming, for the insured as well as the “non-insured”. In an era of low-cost smart technologies and wireless communication capabilities, many countries will now be looking for a new generation of well-trained and engaged users of these new and innovative e-health technologies. These users will include both healthcare professionals and patients, as well as other end users in varying and unpredictable roles, such as community healthcare workers, family members, military and non-governmental organizations. These users, large in numbers and diverse in roles, will now require a certain level of knowledge and skills when working with these new e-health technologies, so that the possibility of delivering healthcare in an unstable context with large-scale effects. Referred to as e-health informatics competencies, they provide a significant advantage over wasteful, poorly coordinated and expensive conventional medical procedures, and hold the potential for leveling the playing fields in terms of delivering care where and when it may be most critically needed, especially for the underserved. Understanding the e-health informatics competency challenges and trends is therefore a critical step towards identifying the various roles that could or should be played to aid policymakers, vendors, and/or researchers in this age of the Internet of Things. This talk overviews the prevailing e-health informatics competency challenges and megatrends

in this new era of healthcare. Starting with contributions of the major reference disciplines to e-health informatics competencies, the talk will survey current developments, provide insights on new opportunities and ongoing challenges arising from use of these newer technologies. Challenges include the need for securing networks and infrastructures for lifestyle changes, automated health monitoring, self-help and more. In contrast to the centuries old traditional practice of conventional medicine, the discussion will offer the audience important directions and insights related to the next phase research, developments and practices of health digitization and care models. Among other things, key challenges include knowledge to translate technology-based competencies into self-care healthy lifestyle changes and practices, self-empowerment and accelerative m-health applications. These challenges include the design of intelligent and appealing interfaces for medical devices, use of emerging m-health & cloud-based strategy, the role of innovation ecosystems for operationalizing the best-of-breed technologies, understanding the influence of social media, and debating on the value of digital alerts, monitoring and patient assisted self-care interventions. While identifying the different e-health informatics competencies, challenges and trends needed by new generations of patients, care providers and healthcare workers, I will also provide critical thoughts and lessons gleaned from a few ongoing studies conducted at McMaster University and elsewhere. For example, we are looking at health informatics competencies for paramedical professionals across all Canadian Provinces, and the influence of informatics competencies on outcomes in nursing. Finally, the talk will conclude with the observation that regardless of how e-health technologies evolve, it will still be limited within the confines of regulatory policies, sustainable paradigm changes, the challenge of interoperability, standards, privacy, security, socio-political, legal and ethical concerns.

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# Healthcare and Health Management & Cardiology and Cardiac Surgery

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## 21<sup>st</sup> Century Approach – No average patient: A Noninvasive measuring of drug sensitivity

**Maria Kuman**

Holistic Research Institute, USA

Clinical research shows that humans have different: drug, stress, and emotional sensitivity. Usually, the drug-sensitive individuals are also stress sensitive and emotionally sensitive. If so, there is no such a thing as an average patient. The dose for a low-sensitive patient would almost kill the high-sensitive one by triggering a bouquet of allergic reactions. The presently existing method for testing drug tolerance (Boston University School of Medicine) requires ingesting of the drug, which means the intolerance is detected after the harm is done. The Holiner's test of genetic testing is complicated, time consuming, and does not have the accuracy of our method. Sensitivity could be measured with the amount of released

neurotransmitters, but this would require blood drawing. Since the neurotransmitters are electrically charged, we offer electrical measurements with our sensitive patented equipment to measure the drug, stress and emotional sensitivity of patients. The drug tolerance can be tested when the drug is prescribed; it does not require ingestion, it is fast, and it is non-invasive. Based on measurements, the patients would be divided into three basic groups: low, middle, and high sensitivity and each group would be drug-treated differently. This article also explains why the mathematical description of sensitivity would require nonlinear quantum mechanics.

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# Healthcare and Health Management & Cardiology and Cardiac Surgery

August 27-28, 2018 | London, UK

## Primary Care 2.0: Use Information Technology to enhance care quality and deliver high value care

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The modern primary healthcare is entering a new stage—a truly patient-centered, personalized care model with the aid of health information technology (IT), such as mobile technology, patient portals, telemedicine, and online patient communities. These innovative health IT tools significantly enhance chronic disease management, mitigate health disparities, personalize individual treatments, strengthen patient education, empower patient self-management, provide home monitoring, and solidify the patient-provider relationship. However, challenges remain before the full adoption. For example, healthcare providers now have access to a bevy of mobile health apps in almost every domain of medicine that can be used at the point-of-care to facilitate a variety of

tasks. Certain prescribed apps have shown promising results in randomized controlled trials. Nonetheless, with estimated over 165,000 mobile health apps in major app stores and lack of supervising authorities, it is challenging to know how to best use these apps. Therefore, today's frontline providers must not only be compassionate healthcare professionals, but also become cutting-edge leaders in 'primary care 2.0.' In order to enhance care quality, reduce healthcare cost, achieve better outcome, and meet the ultimate goal of improving population health, the primary care providers have to adopt and learn how to best utilize information technology in their day-to-day practice to deliver high value care in this modern world.

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# Healthcare and Health Management & Cardiology and Cardiac Surgery

August 27-28, 2018 | London, UK

## Domestic violence and mental health: A coping strategy among the women survivors residing with the abusive partner

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Domestic violence is a global issue, and major source of morbidity and mortality. The consequences of domestic violence are associated not only with direct injuries and physical health problems but also with a range of psychosocial and mental health problems. Coping and the recovery environment are thought to be critical for the psychosocial adjustment of battered women. The paper attempts to address the complexities of the relationships between context and her ways of coping after filing the complaint and staying with the abuser and his family. The study was carried out among the women survivor of domestic violence registered complain with Family Counseling Centre, MSSK in Alwar district, India and

staying with husband and his family. Sixty women survivors were interviewed at MSSK with their consent. Spirituality was a stronger predictor of positive mental health and a better coping strategy. Results highlight the complexity of the associations between domestic violence, coping strategies, and mental health among the women survivor. This study adds to the limited knowledge on domestic violence and mental health among the women survivor in India by exploring the strategies women use to cope with domestic violence. It shed light on the coping strategies for battered women are urgently needed to inform intervention, prevention, and advocacy efforts.

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# Healthcare and Health Management & Cardiology and Cardiac Surgery

August 27-28, 2018 | London, UK

## A review of Healthcare reform in USA & the affordable Care Act (CA)


**Mustafa Z Younis**

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On March 23, 2010 President Barak Obama signed the health insurance reforms adopted in the Patient Protection and Affordable Care Act (PPACA), and the subsequent reconciliation bill, which are to be phased-in over the next 10 years. Most provisions will not take effect until Jan. 1, 2014. However, some new provisions must be implemented when plans renew after Sept. 23, 2010. The new healthcare reform was passed with strong partisan support and faced significant opposition due to ideological

and political differences and the expected outcomes of its implementation. In this presentation the author will provide some background about the American healthcare system, and some proposals and ideas to reform the system. Then we will discuss the main theme of Obama's healthcare reform and some expected positive and negative outcomes of such reform. The Supreme Court rulings on June 28, 2012 on the future of Obama's Health Care Reform will be discussed.

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# Healthcare and Health Management & Cardiology and Cardiac Surgery

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## Direct evidence of viral infection and mitochondrial alterations in the brain of fetuses at high risk for Schizophrenia

Segundo Mesa Castillo

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There is increasing evidences that favor the prenatal beginning of schizophrenia. These evidences point toward intra-uterine environmental factors that act specifically during the second pregnancy trimester producing a direct damage of the brain of the fetus. The current available technology doesn't allow observing what is happening at cellular level since the human brain is not exposed to a direct analysis in that stage of the life in subjects at high risk of developing schizophrenia. Methods. In 1977 we began a direct electron microscopic research of the brain of fetuses at high risk from schizophrenic mothers in order to finding differences at cellular level in relation to controls. Results. In these studies we have observed within the nuclei of neurons the presence of complete and incomplete viral particles that reacted in positive form with

antibodies to herpes simplex hominis type I [HSV1] virus, and mitochondria alterations. Conclusion. The importance of these findings can have practical applications in the prevention of the illness keeping in mind its direct relation to the aetiology and physio pathology of schizophrenia. A study of the gametes or the amniotic fluid cells in women at risk of having a schizophrenic offspring is considered. Of being observed the same alterations that those observed previously in the cells of the brain of the studied fetuses, it would intend to these women in risk of having a schizophrenia descendant, previous information of the results, the voluntary medical interruption of the pregnancy or an early anti HSV1 viral treatment as preventive measure of the later development of the illness.

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# Healthcare and Health Management & Cardiology and Cardiac Surgery

August 27-28, 2018 | London, UK

## Corporate trends in Healthcare influencing care delivery

Serene K Zeni

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Healthcare innovation and investment has grown exponentially in the last few years. In addition, the overall trend towards value-based reimbursement throughout the world has driven providers towards new care delivery models. Employers, like Amazon, entering the healthcare market, have changed the overall market for providers and provider entities. Healthcare providers and provider entities across the world are rapidly trying to adapt to these changes. These developments demand rapid change to a healthcare market unfamiliar with how to effectively make these changes without compromising their profitability or the quality of the care. This program will give providers the tools they need to adapt to these changes. We will discuss the need for restructuring and recapitalization in healthcare and how changing care delivery models need to parallel corporate restructuring to succeed. We will discuss the particular mechanisms of restructuring available to healthcare providers and entities across the spectrum of specialties. The program will also

discuss opportunities for recapitalization through such trends as healthcare private equity and venture capital investing. While discussing the advantages and disadvantages of these developments to care improvement, this program will illustrate how this development is truly a positive direction for providers who have largely struggled to reconcile their balance sheets with the increasing regulatory burdens. This trend will also vastly improve the accessibility and quality of healthcare to patients. Finally, the program will address how the corporate trends in healthcare will drive the overall healthcare market further towards innovation and entrepreneurship. Overall this program will be a great opportunity for all providers looking to combat the challenges to their profitability giving them a multi-faceted approach to care without compromising compliance, value, quality and profit, while opening their perspective to new opportunities to growth, innovation, and capital.

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# Healthcare and Health Management & Cardiology and Cardiac Surgery

August 27-28, 2018 | London, UK

## Personalized and Precision medicine as a unique Healthcare model to secure the national and international biosafety

Sergey Suchkov<sup>1,6</sup>, Hiroyuki Abe<sup>8</sup>, Shawn Murphy<sup>7</sup>, Richard Schilsky<sup>8,11</sup>, Vladimir Lazar<sup>9</sup>, Andrey Svistunov<sup>1</sup>, Irina Zavestovskaya<sup>2</sup>, William Thilly<sup>12</sup> and John Mendelsohn<sup>8,10</sup>

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A new systems approach to diseased states and wellness result in a new branch in the healthcare services, namely, personalized and precision medicine (PPM). To achieve the implementation of PM concept, it is necessary to create a fundamentally new strategy based upon the subclinical recognition of bio predictors of hidden abnormalities long before the disease clinically manifests itself. Each decision-maker values the impact of their decision to use PPM on their own budget and well-being, which may not necessarily be optimal for society as a whole. It would be extremely useful to integrate data harvesting from different databanks for applications such as prediction and personalization of further treatment to thus provide more tailored measures for the patients resulting in

improved patient outcomes, reduced adverse events, and more cost effective use of health care resources. A lack of medical guidelines has been identified by the majority of responders as the predominant barrier for adoption, indicating a need for the development of best practices and guidelines to support the implementation of PPM! Implementation of PPM requires a lot before the current model “physician-patient” could be gradually displaced by a new model “medical advisor-healthy person-at-risk”. This is the reason for developing global scientific, clinical, social, and educational projects in the area of PPM to elicit the content of the new branch.

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# Healthcare and Health Management & Cardiology and Cardiac Surgery

August 27-28, 2018 | London, UK

## Implementation of TQM and Patient safety

**Essam Hamed Amin Ali**

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**Background and Introduction:** Total Quality Management (TQM) describes a management approach to long-term success through patient satisfaction. In a TQM effort, all members of an organization participate in improving processes, services, and the culture in which they work. Total quality management can be summarized as a management system for a patient-focused organization that involves all employees in continual improvement. It uses strategy, data, and effective communications to integrate the quality discipline into the culture and activities of the organization.

**Objective:** The role of the cardiac catheterization laboratory has progressed from study of cardiac function and anatomy for purposes of diagnosis to evaluation of candidates for surgery and finally to providing catheter-based, nonsurgical interventional treatment. Quality management within the catheterization laboratory includes the quality control, the heart catheterization technique and the policy. Quality management is critical in the heart catheterization laboratory. The purpose

of the best practices statement is to ensure patient safety, cath lab efficiency, and the referring physician and patient's satisfaction. A continued quality improvement program is patient-orientated and requires good planning. One of the main emphasis in the catheterization lab is standardization which includes the patient preparation, the procedure itself, and the management. The hospital should provide the necessary resources to implement best practices through adequate staffing, equipment, and information technology, in order to assure the performance of these practices and encourage ongoing review. It is recommended to follow the zero mistake hypothesis of Crosby, which means quality control by the lab supervisor, a quality consciousness, a quality measurement and quality improvement, as well as using a day to day quality improvement and to teach quality control. In order to provide the safest, highest quality patient care in the cath lab, it is essential to have a comprehensive quality control program in place.

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# Healthcare and Health Management & Cardiology and Cardiac Surgery

August 27-28, 2018 | London, UK

## Expandable polyurethane stent valve, as an option for pediatric patients with valve diseases: Result of physical, hydrodynamic and experimental studies

Miguel Maluf

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**Background:** A Expandable Polyurethane Stent Valve®, (EPSV), with a special design for pediatric patients, may be an option for biological prostheses, whose calcification or mismatch, in child's development, shorten their durability.

**Methods:** An expandable chrome - cobalt stent, was applied polyurethane, for the formation of three cusps, without sewing, it was submitted to: 1- In vitro tests: I- Physical test. Universal tests of samples of PU crimped and non-crimped was performed: A- Strength versus deformation (stretching). B- Scanner for surface for mechanical properties. II- Hydrodynamic test. Using a pulsatile flow, to register: valvular area, pressure gradient and valve regurgitation. 2- In vivo test: III- Experimental: Ten sheep were submitted to implantation of expandable polyurethane stent valve by catheter, in pulmonary position, using right ventricle approach. Expansion diameter: Group A: 22mm (7 cases) and Group B: 18mm (3 cases).

**Results:** 1 - In vitro tests: PU showed to be a thermoplastic structure with high deformation, resistant to crimping and elongation. The hydrodynamic test showed low gradients and absent or trivial regurgitation of the prosthesis. 2- In vivo tests: After 5th months of follow-up, a 3D echocardiographic study, was performed in eight survival sheep and showed: satisfactory hemodynamic performance, with no significant transvalvular gradient (M = 6.60 mmHg), absent or trivial valvular regurgitation, absent leak and free of calcification. Five survival implanted sheep are well after 24 months of follow up

**Conclusions:** Monitoring of favorable results, confirms that the expandable PU stent valve, can be implanted in pulmonar position in growing children, below 7 years, during conventional surgery and above 7 years, by peripheral vessels.

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# Healthcare and Health Management & Cardiology and Cardiac Surgery

August 27-28, 2018 | London, UK

## How to develop a medical school of the newest generation: From canonical integrity through a bridge of the challenge to the multi-integrative approach

Sergey Suchkov<sup>1-6</sup>, William Thilly<sup>9</sup>, Irina Zavestovskaya<sup>8</sup>, Shawn Murphy<sup>7,8</sup>  
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Education is rather conservative sphere of society, and therefore the conversion in this area would require soundness, experimental verification and diligence! In the world whilst being as a driver of the unprecedented technological progress, we are now observing and witnessing that the existing model of Medical Education does not provide Fundamental Knowledge which is a substantial and integrative component of the medical education and clinical studies and, hence, of the educational soul to form a taste of the new epoch. So, the Curricula should be integrated throughout the education. Especially, that top efficacy of customizing educational process provides additional and/or supplementary education, assisting the children to build their own pathway to learn and to know, whilst disclosing their own talents! So, The Primary, Secondary and Higher, Educational Levels as a TRIO should be integrated into the circuit to secure the continuing one! The main problem is that the current landscape of medical education is still based on Galen and Hippocrates to get most of the newest trends missed. Meanwhile, Personalized & Precision Medicine (PPM) would represent an innovative model for advanced healthcare and robust platform for relevant industrial branches for diagnostics, preventive, prophylactic, therapeutic and rehabilitation purposes! Therefore, the problem of the updated training of specialists in fundamental, clinical and affiliated fields is becoming particularly urgent, and it requires significant revision of training programs and curricula. The Pre-University step would help mentees to secure a Strong Foundation in

The Sciences to be added to the Curriculum, that, along with the above-mentioned building excellent communication and analytical skills would open a new avenue to getting the mentality changed! Non-canonical approach has been used to create a Team of young researchers and clinicians which has been recognized as International Research Team of Youngsters rooted from a variety of universities and given a roof under the aegis of European Association of Predictive, Preventive and Personalized Medicine (EPMA), Brussels, EU. Based on current trends and own experience, we have made the first steps towards reshuffling the canonical educational tandem "School-University" and restructuring Specialized Classes and Courses (with targeted disciplines) to get the mentees to be involved deeply into fundamental and clinical fields to be united by a special translational bridge. This is expected will create the future generation of creative thinkers, entrepreneurs and clinical leaders! The program and experience presented focus on familiarizing bachelors, masters and Ph.D. students with PPM-oriented research, applied production and managerial (entrepreneurs) activities. The program is appearing to be ideal for schoolchildren and students who are inspired by the breadth of science. The experience accumulated would open a green light for getting it implemented into clinical practice, and later on, extrapolate it into the frame of international educational platforms to secure the future of PM-related Clinical Trials and PPM as a whole! Biography.

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# Healthcare and Health Management & Cardiology and Cardiac Surgery

August 27-28, 2018 | London, UK

## The cause of cancer from the point of view of the New Theory of CVD

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This report discusses new data on the mechanism of cancer. In fact, these materials form the basis of the old cancer theory proclaimed by the German scientist Otto Warburg about 100 years ago. In 1931, the theory that cancer occurs as a result of an energy metabolism disorder won the Nobel prize for Germany scientist. Back in 1924, Warburg found out that healthy cells generate energy due to the oxidative decomposition of organic acids in mitochondria, and tumor and cancer cells, on the contrary, receive energy through the non-oxidative decomposition of glucose. The transition to an oxygen-free energy method, according to Warburg, leads to the Autonomous uncontrolled existence of the cell: it begins to behave as an independent organism, striving for reproduction. On the basis of this discovery, scientist have suggested that

cancer can be regarded as a mitochondrial disease. However, a clear and detailed biochemical justification of the theory for about 80 years was absent. Therefore, for many years, not all researchers have followed this theory, there were other opinions on the mechanism and etiology of cancer. And in 2008, staff members from Boston College and Washington University School of Medicine, USA, has received new evidence to support the theory of Otto Warburg on the origin of cancer [1-6]. So, biochemical justification appeared, but still, the official medicine in the last 10 years did not consider this theory clear and complete. The problem proved more complex. Oncologists, still, were not guided by this theory as the main and only.

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